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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 597235

1. Corporation Name

DIVERSIFIED VENTURES, INC.

DIVERSIF	TED VENTONES, INC.						
Principal Place of Business Mailing Address						-	\$ 186101 41119 30111 (1886 1169) 6311 31811 91811 91811 91811 91811 91811
3500 S.W. 14TH ST. DEERFIELD BEACH FL 33442 3500 S.W. 14TH ST. DEERFIELD BEACH FL 33442				142			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 12/13/1978
2. Principal Place of Business			2a. Mailing Address			•	4. FEI Number Applied For 59-1583 102 Not Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			· -	5. Certificate of Status Desired Fee Required Fee Required
City & State		27	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24				Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Current		stered Agent	1901			10. Name and Address of New Registered Agent
	3. 1101110 0110 7.001100				81	Name	
PERF	ry, Gerard				82	Ctroot A	ddress (P.O. Box Number is Not Acceptable)
3500 S.W. 14TH ST.						Street A	dutess (F.O. Box Number is Not Acceptable)
DEERFIELD BEACH FL 33064				83			
					84	City	85 Zip Code
						1	FL 1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					Acen	t eignoture (A0	quired when reinstating) DATE
	OFFICERS AND			13.	- goi	t significant roo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P		DELETE	1.1 TI	TLE		. Change Addition
NAME	KENNEDY, ROBERT		_	1,2 N	AME		
STREET ADORESS	4411 NE 31ST AVENUE			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL			1.4 C	TY-SI	T-ZIP	
TITLE			2.1 11	TLE		Change Addition	
NAME.	VOONTON, ROGER . 223		2.2 N	AME		_	
STREET ADDRESS	1100 SW 19TH AVENUE			2.3 \$	TREET	T ADDRESS	• • ~
CITY-ST-ZIP	BOCA RATON FL 2.4			2.40	ITY-S	iT-ZIP	
TITLE	S □ DELETE 3.1			3.1 TI	1 TITLE ☐ Change ☐ Ad		
NAME	PERRY, GERARD			3.2 N	AME		
STREET ADDRESS	3500 SW 14TH ST.			3.3 S	TREET	TADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL					ST-ZIP	
TITLE	T		☐ DELETE	4.1 TI			☐ Change ☐ Addition
NAME	BRYANT, JIM			4.2 N			
STREET ADDRESS	968 HYACINTH DR			4.3 S	TREE	T ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL			_	ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	5.1 TI			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed or the analysis and that my name appears in the receiver of the corporation or the receiver or trustee empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/2/99 954-421-1701 Daylo Dayline Phone #

Change

☐ Addition